



CLENT YEAR END SURVEY

Note: Each question below calls for a response from you. Please answer on the line provided or check the response that best describes how you feel. After completing the survey hit the email icon and email it to service@scottholstein.com or print it out and fax it to 800 436 9399. Call us at 800 458 9330 with any questions.

PERSONAL

1. Please update any of the items below that have **changed** since last year:
E-mail address : _____ Phone/Cell: _____
Emergency contact person (s) _____
2. Have there been any changes in your life we need to be aware of?

3. Do you have additional addresses not currently on file with us? Please provide below.

SERVICE

4. How quickly do we respond to your service requests?
Very quickly Satisfactory Could be better Poorly
5. Are your service requests handled to your satisfaction?
Always Normally Sometimes Not Usually

ACCOUNT MANAGEMENT

6. How well do we keep you posted on your investments?
Just right Good Fair Not Enough
7. How do you prefer to review your account :
In Person Email Mail Phone Webex
8. How often would you like to have an account review? - **Please Update**
Monthly Quarterly Semi-Annually Annually Other: _____
9. Are you working with any other financial professionals? Yes No.
Are they doing anything for you that we are not? Please explain

STATEMENT/LETTERS

10. Would you like Online/Internet access to your account(s)? Yes No
11. Would you like paperless statements via email or online? Yes No
12. How do you prefer to receive written communications from us on your account including monthly letters (choose main preference only)? Fax Mail Email

OVERALL

13. Would you like to receive weekly emails on the Markets or the Economy? Yes No
14. Would you like all of your bank, credit, and investment account information by logging onto one website? Yes No
15. How often do you visit our website? Weekly Monthly Infrequently Never
16. Assuming you visit the website, what information would you like to find there:
Account Information Market Updates Investment Information Calculators
Information on the following: _____
17. What do you like **least** about your account with us? / Where do we need to improve the most? _____

18. Overall, how are we doing as a team?
Great Above average Fair Need Work Poorly
19. Why do you do business with me and my team?

20. Are you satisfied with your other professionals?
CPA Yes No Attorney Yes No
Insurance Professional Yes No Other: _____ Yes No
21. Based on our service and performance, how comfortable would you be in recommending our services to your family, friends, or associates? Please comment if you have not.
Love to Occasionally Probably not Never
Comment: _____
22. Please take a minute and tell us what you like about our service and also how we can improve your experience with us (use back if necessary) :

Sincerely,
Name :